

PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

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7590

03/26/2002

MORRISON & FOERSTER
2000 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 200061888



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|--------------------|
| (Depositor's name) |
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| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/331,930 | 06/30/1999 | PAUL ZEV ZIMMET | 229752000700 | 2270 |

TITLE OF INVENTION: GENE FOR THE MODULATION OF OBESITY, DIABETES, AND METABOLIC ENERGY LEVELS

| TOTAL CLAIMS | APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--------------|----------------|--------------|-----------|-----------------|------------------|------------|
| 4 | nonprovisional | NO | \$1280 | \$0 | \$1280 | 06/26/2002 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------------|----------|----------------|
| SEHARASEYON, JEGATHEESAN | 1647 | 435-069100 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Morrison & Foerster LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Diabetes Institute

Caulfield South, Victoria, Australia

Deakin University

Waur Ponds, Victoria, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 6

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

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☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Wayne C. Jaeschke, Jr.

June 26, 2002

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06/27/2002 RHEB0001 00000018 031952 09331930

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PTOL-85 (REV. 07-01) Approved for use through 01/31/2004. OMB 0651-0033

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